

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Hagman for Senate 2016			<b>Date of This Filing</b> <u>07/15/2013</u>	Date Stamp     Page 1 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (949)858-7448	<b>I.D. NUMBER</b> (if applicable) 1354748		<b>Report No.</b> <u>2013-1</u>		
<b>STREET ADDRESS</b>  			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Chino Hills	<b>STATE</b> CA	<b>ZIP CODE</b> 91709	<b>No. of Pages</b> <u>2</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other

PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Hagman for Senate 2016		<b>Date of This Filing</b> <u>07/15/2013</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (949)858-7448	<b>I.D. NUMBER</b> (if applicable) 1354748			
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)	Page 2 of 2	
<b>CITY</b> Chino Hills	<b>STATE</b> CA			<b>ZIP CODE</b> 91709

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
07/15/2013	Dorothy Pineda for Assembly 2013 Ontario, CA 91762  ID# 1358177	Dorothy Pineda State Assembly District 52 Jurisdiction: State Assembly District	\$3,993.10	07/23/2013

Reason for Amendment: